



The Embroiderers' Guild of America, Inc.
Mid-Atlantic Region

OUTREACH PROJECT SHARING FORM

Chapter _____ Date _____

Community Outreach Chairman _____

Address _____

Telephone _____ E-mail _____

Name or Type of Project _____

If a fundraiser for your chapter or a charity, what was the net amount raised? _____

How was the project financed? _____ Chapter Budget _____ Stitchers _____ Other sources (specify)

Beneficiary/Recipient of the Project _____

Number of members who participated _____

Skills or techniques required _____

Supplies needed _____

Pattern or instructions _____

Are these available for sharing? _____ Yes _____ No

Would you recommend this as a good project for an EGA chapter? _____ Yes _____ No

Please use the reverse side to add any additional information for another chapter who might consider this project.

Send this completed form to the current MAR Outreach Chairman.

The MAR Directory has current address and E-mail information.

This form is available on line at www.marega.org.